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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/845,784         | 05/02/2001          | Abdul H. Ally         | 0942.4360002           |

CONFIRMATION NO. 5684

## FORMALITIES LETTER



\*OC000000006088484\*

26111  
STERNE, KESSLER, GOLDSTEIN & FOX PLLC  
1100 NEW YORK AVENUE, N.W., SUITE 600  
WASHINGTON, DC 20005-3934

Date Mailed: 05/17/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

## Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$544.
  - \$144 for 8 total claims over 20.
  - \$400 for 5 independent claims over 3.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 1384.

07/05/2001 AZERBAYI 00000011 09845784

|           |           |
|-----------|-----------|
| 01 FC:101 | 710.00 OP |
| 02 FC:105 | 130.00 OP |

A copy of this notice **MUST** be returned with the reply.

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY

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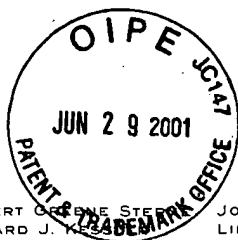
Filing Fee, Excess claims, Add'l fees July 17, 2001  
Stat Bar December 17, 2001

MAY 21 2001

2A  
2A  
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LEA

5/22/01

DTJ 5/30/01



STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

ATTORNEYS AT LAW

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# 3

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MATTHEW J. DOWD\*\*

\*LIMITED TO MATTERS  
AND PROCEEDINGS BEFORE  
FEDERAL COURTS & AGENCIES  
\*\*REGISTERED PATENT AGENT  
\*\*\*SENIOR COUNSEL

June 29, 2001

WRITER'S DIRECT NUMBER:

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INTERNET ADDRESS:

DJOHNSON@SKGF.COM

Commissioner for Patents  
Washington, D.C. 20231

Box Missing Parts

Re: U.S. Non-Provisional Patent Application  
(Continuation of 09/154,156; Filed: September 16, 1998)  
Appl. No. 09/845,784; Filed: May 2, 2001  
For: **Gel Loading Adaptor**  
Inventors: Ally *et al.*  
Our Ref: 0942.4360002/LEA/DTJ

Sir:

In reply to the "Notice to File Missing Parts of Application--Filing Date Granted," dated May 17, 2001, Applicant(s) submits the following documents for appropriate action by the U.S. Patent and Trademark Office:

1. PTO Fee Transmittal Form PTO/SB/17 (*in duplicate*);
2. Copy of the Notice to File Missing Parts;
3. Preliminary Amendment;
4. Information Disclosure Statement (*in duplicate*);
5. Form PTO-1449 (2 pages) citing twenty-one (21) references (AA1-AK1 and AA2-AJ2);
6. Return postcard; and
7. Our Check No. 31768 for \$ 840.00 to cover:  
\$ 710.00 Filing Fee for Patent Application (37 C.F.R. § 1.16); and  
\$ 130.00 Surcharge for late filing of fees (37 C.F.R. § 1.16).

Commissioner for Patents  
June 29, 2001  
Page 2

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036. If extensions of time under 37 C.F.R. § 1.136 other than those otherwise provided for herewith are required to prevent abandonment of the present patent application, then such extensions of time are hereby petitioned, and any fees therefor are hereby authorized to be charged to our Deposit Account No. 19-0036. A duplicate copy of this letter is enclosed.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

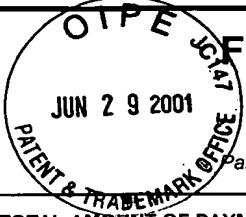
A handwritten signature in black ink, appearing to read "Dustin T. Johnson", with a long horizontal flourish extending to the right.

Dustin T. Johnson  
Agent for Applicants  
Registration No. 47,684

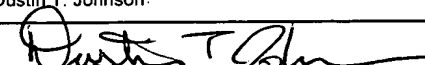
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Enclosures

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|--|---|--------------------------|---|--------------------|------------|-------------|-------------|----------------------|------|---------------|----------------|----------------|------|---------------------|----------------------|
|  | <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> | <b>Complete if Known</b> |   |                    |            |             |             |                      |      |               |                |                |      |                     |                      |
|  | <b>TOTAL AMOUNT OF PAYMENT</b>  | <b>(\$840.00)</b>        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td>09/845,784</td></tr> <tr><td>Filing Date</td><td>May 2, 2001</td></tr> <tr><td>First Named Inventor</td><td>ALLY</td></tr> <tr><td>Examiner Name</td><td>To Be Assigned</td></tr> <tr><td>Group Art Unit</td><td>1743</td></tr> <tr><td>Attorney Docket No.</td><td>0942.4360002/LEA/DTJ</td></tr> </table> | Application Number | 09/845,784 | Filing Date | May 2, 2001 | First Named Inventor | ALLY | Examiner Name | To Be Assigned | Group Art Unit | 1743 | Attorney Docket No. | 0942.4360002/LEA/DTJ |
| Application Number   | 09/845,784  |                          |   |                    |            |             |             |                      |      |               |                |                |      |                     |                      |
| Filing Date  | May 2, 2001   |                          |   |                    |            |             |             |                      |      |               |                |                |      |                     |                      |
| First Named Inventor   | ALLY  |                          |   |                    |            |             |             |                      |      |               |                |                |      |                     |                      |
| Examiner Name  | To Be Assigned  |                          |   |                    |            |             |             |                      |      |               |                |                |      |                     |                      |
| Group Art Unit   | 1743  |                          |   |                    |            |             |             |                      |      |               |                |                |      |                     |                      |
| Attorney Docket No.  | 0942.4360002/LEA/DTJ  |                          |   |                    |            |             |             |                      |      |               |                |                |      |                     |                      |

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued)               |                 |                      |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|--|---|-----------------|----------------------|--|---|----------|--------|-------|--------|-----|--------------------|----------|----------|----------|----------|-----------------|-------------------|-----|-----|-----|-----|-------------------------------------|------------------|-----|-----|-----|-----|--|--------------------|-----|-----|-----|-----|---------------------------|------------------------|-----|---------------------------------|-----|-------|--|--|-----|------|-------|----------------|--|--|-----|--------|------------|---|---|--|------------|--------------------|-----|----|--|----------------|-----------------|----------------|-----------------|-----------------|---|----|-----|-----|------------------------|-----|--|-----|-----|-----------------------------------|-----|-----|---|-----|--------------------------|-------|-----|-----|--|---|-----|-----|-----|-----|---|----------------------------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Deposit Account Number</td> <td>19-0036</td> </tr> <tr> <td>Deposit Account Name</td> <td>Sterne, Kessler, Goldstein &amp; Fox P.L.L.C.</td> </tr> </table> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input checked="" type="checkbox"/> Other*</p> <p style="font-size: x-small;">*Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.</p>   | Deposit Account Number                    | 19-0036         | Deposit Account Name | Sterne, Kessler, Goldstein & Fox P.L.L.C.                                  | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large</th> <th>Entity</th> <th>Small</th> <th>Entity</th> <th></th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>130.00</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>481</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> <p>Other fee (specify) : _____</p> <p>Other fee (specify) : _____</p> <p>*Reduced by Basic Filing Fee Paid</p> | Large    | Entity | Small | Entity |     |                    | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee paid          | 105 | 130 | 205 | 65  | Surcharge - late filing fee or oath | 130.00           | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |                    | 139 | 130 | 139 | 130 | Non-English specification |                        | 147 | 2,520                           | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 112 | 920* | 112   | 920*           | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113        | 1,840*  | Requesting publication of SIR after Examiner action |  | 115        | 110                | 215 | 55 | Extension for reply within first month |                | 116             | 390            | 216             | 195             | Extension for reply within second month |    | 117 | 890 | 217                    | 445 | Extension for reply within third month |     | 118 | 1,390                             | 218 | 695 | Extension for reply within fourth month |     | 128                      | 1,890 | 228 | 945 | Extension for reply within fifth month |   | 119 | 310 | 219 | 155 | Notice of Appeal  |                            | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal    |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 481 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
| Deposit Account Number   | 19-0036                                   |                 |                      |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Deposit Account Name   | Sterne, Kessler, Goldstein & Fox P.L.L.C. |                 |                      |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large  | Entity                                    | Small           | Entity               |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code   | Fee (\$)                                  | Fee Code        | Fee (\$)             | Fee Description  | Fee paid  |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105  | 130                                       | 205             | 65                   | Surcharge - late filing fee or oath  | 130.00  |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127  | 50  | 227             | 25                   | Surcharge - late provisional filing fee or cover sheet                     |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139  | 130                                       | 139             | 130                  | Non-English specification  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147  | 2,520                                     | 147             | 2,520                | For filing a request for <i>ex parte</i> reexamination                     |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112  | 920*                                      | 112             | 920*                 | Requesting publication of SIR prior to Examiner action                     |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113  | 1,840*                                    | 113             | 1,840*               | Requesting publication of SIR after Examiner action                        |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115  | 110                                       | 215             | 55                   | Extension for reply within first month                                     |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116  | 390                                       | 216             | 195                  | Extension for reply within second month                                    |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117  | 890                                       | 217             | 445                  | Extension for reply within third month                                     |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118  | 1,390                                     | 218             | 695                  | Extension for reply within fourth month                                    |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128  | 1,890                                     | 228             | 945                  | Extension for reply within fifth month                                     |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119  | 310                                       | 219             | 155                  | Notice of Appeal   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120  | 310                                       | 220             | 155                  | Filing a brief in support of an appeal                                     |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121  | 270                                       | 221             | 135                  | Request for oral hearing   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138  | 1,510                                     | 138             | 1,510                | Petition to institute a public use proceeding                              |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140  | 110                                       | 240             | 55                   | Petition to revive - unavoidable   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141  | 1,240                                     | 241             | 620                  | Petition to revive - unintentional   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142  | 1,240                                     | 242             | 620                  | Utility issue fee (or reissue)   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143  | 440                                       | 243             | 220                  | Design issue fee   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144  | 600                                       | 244             | 300                  | Plant issue fee  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122  | 130                                       | 122             | 130                  | Petitions to the Commissioner  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123  | 130                                       | 123             | 130                  | Petitions related to provisional applications                              |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126  | 180                                       | 126             | 180                  | Submission of Information Disclosure Stmt                                  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581  | 40  | 481             | 40                   | Recording each patent assignment per property (times number of properties) |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146  | 710                                       | 246             | 355                  | Filing a submission after final rejection (37 CFR 1.129(a))                |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149  | 710                                       | 249             | 355                  | For each additional invention to be examined (37 CFR 1.129(b))             |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179  | 710                                       | 279             | 355                  | Request for Continued Examination (RCE)                                    |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169  | 900                                       | 169             | 900                  | Request for expedited examination of a design application                  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710.00</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (1) (\$ 710.00)</b></td></tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <u>17</u> - 20** = <u>0</u> X <u>18</u></td> <td></td> <td></td> <td>= <u>0</u></td> </tr> <tr> <td>Indep. Claims <u>3</u> - 3** = <u>0</u> X <u>80</u></td> <td></td> <td></td> <td>= <u>0</u></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>= _____</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td></tr> <tr><td>108</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2) (\$ 0)</b></td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see above</p> | Large Fee Code                            | Entity Fee (\$) | Small Fee Code       | Entity Fee (\$)  | Fee Description   | Fee Paid | 101    | 710   | 201    | 355 | Utility filing fee | 710.00   | 106      | 320      | 206      | 160             | Design filing fee |     | 107 | 490 | 207 | 245                                 | Plant filing fee |     | 108 | 710 | 208 | 355  | Reissue filing fee |     | 114 | 150 | 214 | 75                        | Provisional filing fee |     | <b>SUBTOTAL (1) (\$ 710.00)</b> |     |       |  |  |     |      | Extra | Fee from below | Fee Paid   | Total Claims <u>17</u> - 20** = <u>0</u> X <u>18</u> |     |        | = <u>0</u> | Indep. Claims <u>3</u> - 3** = <u>0</u> X <u>80</u> |   |  | = <u>0</u> | Multiple Dependent |     |    | = _____                                | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | 103                                     | 18 | 203 | 9   | Claims in excess of 20 | 102 | 80                                     | 202 | 40  | Independent claims in excess of 3 | 104 | 270 | 204                                     | 135 | Multiple dependent claim | 108   | 80  | 209 | 40                                     | **Reissue independent claims over original patent | 110 | 18  | 210 | 9   | **Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) (\$ 0)</b> |     |     |     |     | <p><b>3. SUBTOTAL (3) (\$ 130.00)</b></p> |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Fee Code   | Entity Fee (\$)                           | Small Fee Code  | Entity Fee (\$)      | Fee Description  | Fee Paid  |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101  | 710                                       | 201             | 355                  | Utility filing fee   | 710.00  |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106  | 320                                       | 206             | 160                  | Design filing fee  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107  | 490                                       | 207             | 245                  | Plant filing fee   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108  | 710                                       | 208             | 355                  | Reissue filing fee   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114  | 150                                       | 214             | 75                   | Provisional filing fee   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (1) (\$ 710.00)</b>  |   |                 |                      |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|  | Extra                                     | Fee from below  | Fee Paid             |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Total Claims <u>17</u> - 20** = <u>0</u> X <u>18</u>   |   |                 | = <u>0</u>           |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Indep. Claims <u>3</u> - 3** = <u>0</u> X <u>80</u>  |   |                 | = <u>0</u>           |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Multiple Dependent   |   |                 | = _____              |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Fee Code   | Entity Fee (\$)                           | Small Fee Code  | Entity Fee (\$)      | Fee Description  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103  | 18  | 203             | 9                    | Claims in excess of 20   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102  | 80  | 202             | 40                   | Independent claims in excess of 3  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104  | 270                                       | 204             | 135                  | Multiple dependent claim   |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108  | 80  | 209             | 40                   | **Reissue independent claims over original patent                          |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110  | 18  | 210             | 9                    | **Reissue claims in excess of 20 and over original patent                  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (2) (\$ 0)</b>   |   |                 |                      |  |   |          |        |       |        |     |                    |          |          |          |          |                 |                   |     |     |     |     |                                     |                  |     |     |     |     |  |                    |     |     |     |     |                           |                        |     |                                 |     |       |  |  |     |      |       |                |  |  |     |        |            |   |   |  |            |                    |     |    |  |                |                 |                |                 |                 |   |    |     |     |                        |     |  |     |     |                                   |     |     |   |     |                          |       |     |     |  |   |     |     |     |     |   |                            |     |     |     |     |   |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |

| SUBMITTED BY      |   | Complete (if applicable)          |               |
|-------------------|---|-----------------------------------|---------------|
| Name (Print/Type) | Dustin T. Johnson   | Registration No. (Attorney/Agent) | 47,684        |
| Signature         |  | Telephone                         | 202-371-2600  |
|                   |   | Date                              | June 29, 2001 |

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